

FACSIMILE TRANSMISSION

To: UNITED STATES PATENT AND TRADEMARK OFFICE

RECEIVED
CENTRAL FAX CENTER

AUG 09 2005

Facsimile No.: 571-273-8300

No. of Pages (including this page): 17**IF YOU DO NOT RECEIVE CLEARLY ALL PAGES, PLEASE CONTACT US
IMMEDIATELY BY TELEPHONE AT (202) 543-6404****USPTO: PLEASE ACKNOWLEDGE CLEAR RECEIPT OF ALL PAGES INDICATED
ABOVE BY FAXING THIS PAGE BACK TO (202) 543-6406**

Inventor(s): SCHNEIDER, Michael

Group Art Unit:

3743

Appln. Serial No.: 10/768,191

Examiner:

Ali. Shumaya

Filing Date: February 2, 2004

Attorney Docket No.:

2573-0414

Title: SPORTS BRACE

Date:

August 9, 2005

Name of paper being transmitted: Amendment and attachments thereto

Message:

CERTIFICATE OF FACSIMILE TRANSMISSION

I hereby certify that this paper is being facsimile transmitted to the Patent and Trademark Office at the above fax number on the date shown below.

Name: Timothy J. KlimaSignature: Date: August 9, 2005Harbin King & Klima
500 Ninth Street, SE
Washington, DC 20003
(202) 543-6404 Phone
(202) 543-6406 Fax

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

RECEIVED
CENTRAL FAX CENTER

AUG 09 2005

Inventor(s): SCHNEIDER, Michael
 App'n. Serial No.: 10/768,191
 Filing Date: February 2, 2004
 Title: SPORTS BRACE

Group Art Unit: 3743
 Examiner: Ali, Shumaya
 Attorney Docket No.: 2573-0414
 Date: August 9, 2005

REPLY/AMENDMENT/LETTER TRANSMITTAL COVER SHEET

Hon. Commissioner of Patents
 P.O. Box 1450
 Alexandria, VA 22313-1450

Sir:

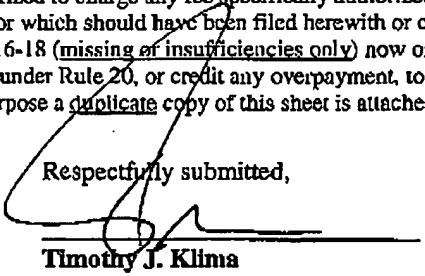
This is a reply/amendment/letter in the above-identified application and includes the attachments hereto.
 The signature below is treated as the signature to the attachments in the absence of a signature thereto.

FEE REQUIREMENTS FOR CLAIMS AS AMENDED

				Large/Small Entity	
1. Total Effective Claims		Minus # Paid For	=	X \$50 / \$25 =	+0
2. Independent Claims		Minus # Paid For	=	X \$200 / \$100 =	+0
3. If amendment enters <u>proper</u> multiple dependent claim(s) into this application for first time (leave this line <u>blank</u> if this is <u>reissue</u> application)				\$360 / \$180 =	+
4. Original due date: June 9, 2005					
Petition is hereby made to extend the <u>original</u> due date to cover the date this response is filed for which the requisite fee		1 mo.		\$120 / \$60 =	+450
		2 mos.		\$450 / \$225 =	
		3 mos.		\$1020 / \$510 =	
		4 mos.		\$1590 / \$795 =	
6. Petition Fee				\$130	+
7. Other fee for					+
8. Total Fee Enclosed:					\$450
9. <input checked="" type="checkbox"/> Please charge the total fee to our Deposit Account No.: 50-3272 under our Order No. (Matter No.): 2573-0414					

CHARGE STATEMENT: The Commissioner is hereby authorized to charge any fee specifically authorized hereafter, or any missing or insufficient fee(s) filed, or asserted to be filed, or which should have been filed herewith or concerning any paper filed hereafter, and which may be required under Rules 16-18 (missing or insufficiencies only) now or hereafter relative to this application and the resulting Official document under Rule 20, or credit any overpayment, to our Account/Order Nos. shown in the heading hereof for which purpose a duplicate copy of this sheet is attached.

Harbin King & Klima
 500 Ninth Street, SE
 Washington, DC 20003
 Phone: 202-543-6404
 Fax: 202-543-6406

Respectfully submitted,
 By: 
 Timothy J. Klima
 Reg. No.: 34,852

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Inventor(s): SCHNEIDER, Michael
 Appln. Serial No.: 10/768,191
 Filing Date: February 2, 2004
 Title: SPORTS BRACE

Group Art Unit: 3743
 Examiner: Ali. Shumaya
 Attorney Docket No.: 2573-0414
 Date: August 9, 2005

REPLY/AMENDMENT/LETTER TRANSMITTAL COVER SHEET

Hon. Commissioner of Patents
 P.O. Box 1450
 Alexandria, VA 22313-1450

Sir:

This is a reply/amendment/letter in the above-identified application and includes the attachments hereto.
 The signature below is treated as the signature to the attachments in the absence of a signature thereto.

FEE REQUIREMENTS FOR CLAIMS AS AMENDED

				Large/Small Entity	
1. Total Effective Claims		Minus # Paid For	=	X \$50 / \$25 =	+0
2. Independent Claims		Minus # Paid For	=	X \$200 / \$100 =	+0
3. If amendment enters <u>proper</u> multiple dependent claim(s) into this application for first time (leave this line <u>blank</u> if this is <u>reissue</u> application)				\$360 / \$180 =	+
4. Original due date: June 9, 2005					
Petition is hereby made to extend the <u>original</u> due date to cover the date this response is filed for which the requisite fee		1 mo.		\$120 / \$60 =	+450
		2 mos.		\$450 / \$225 =	
		3 mos.		\$1020 / \$510 =	
		4 mos.		\$1590 / \$795 =	
6. Petition Fee				\$130	+
7. Other fee for					+
8. Total Fee Enclosed:					\$450
9. <input checked="" type="checkbox"/> Please charge the total fee to our Deposit Account No.: 50-3272 under our Order No. (Matter No.): 2573-0414					

CHARGE STATEMENT: The Commissioner is hereby authorized to charge any fee specifically authorized hereafter, or any missing or insufficient fee(s) filed, or asserted to be filed, or which should have been filed herewith or concerning any paper filed hereafter, and which may be required under Rules 16-18 (missing or insufficiencies only) now or hereafter relative to this application and the resulting Official document under Rule 20, or credit any overpayment, to our Account/Order Nos. shown in the heading hereof for which purpose a duplicate copy of this sheet is attached.

Harbin King & Klima
 500 Ninth Street, SE
 Washington, DC 20003
 Phone: 202-543-6404
 Fax: 202-543-6406

By:

Respectfully submitted,

Timothy J. Klima
 Reg. No.: 34,852